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S. WARREN SEP 1 3 2017

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		TEE CHEVRON ited Liability Company) C.C.C
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		MWAZ ISAN	
		Name of Person	
,	<i>W</i>	EST MANA TE	E CHELRON CLO
	6724	MANATEE Ave	WEST
		To P H 34. City/State and Zip Code	
	MUSCA E-mail address: (6	City/State and Zip Code O Say & JAHO Code to be used for future annual report notific	or Com
For further information co	ncerning this matter, please ca		
MINAZ	ISAVI	at (<u>813)</u> 783-	- 4786
Name of	rerson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST	MANATEE	CHEURS	N L.G.C
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now a orida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liabilit		on <u>03-17-</u>	2017 and assigned
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability compa	iny here:	SEC TAL
The new name must be distinguishable and contain the words "	Limited Liability Company,	" the designation "LLC" o	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:			ASSS -7
(Principal office address MUST BE A STREET AD	DDRESS)		<u></u>
			STATE LORIDA
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	ess on our records,	enter the name of the new
Name of New Registered Agent:	MNAZ	ISANI ANA TEE H ter Florida street address	
New Registered Office Address:	6724 MA	ANA TEE H ver Florida street address	be hts/
	BRADENTO	Flor	ida 34209
	Cuy		гф Соне

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HABIB LALANI	6724 MANATEE AVE I	Add
		BRADENTON FL 34209	Remove
		34 69	☐ Change
MGR	MINAZ /SPNI	GRY MATER AVE	Add
		REPORTOR FL	7420 5 □ Remove
			Change
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ctive date, if other	er than the date of filing: _ i, the date must be specific and car	nnot be prior to date of f	ling or more than 90 days	ptional) after filing) Pursuant	to 605 0207 (3)(b)
e: If the date insert	ted in this block does not mee	t the applicable statut	ory filing requirements.	this date will not l	oe listed as the
iment's effective d	ate on the Department of State	e's records.		E. 7.	
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ecord specifies	a delayed effective dat	e, but not an effe	ctive time, at 12:0	gam. on the	earlier of:
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Typed or printed name of signee

Filing Fee: \$25.00